

Form Approved
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**Health Services
School Questionnaire**

Sample Copy-Do Not Complete

Health Services School Questionnaire

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Special Instructions

NOTE: THROUGHOUT THIS QUESTIONNAIRE, TEXT THAT APPEARS IN ALL CAPITAL LETTERS WILL NOT BE READ ALOUD TO RESPONDENTS.

THIS QUESTIONNAIRE WILL BE ADMINISTERED USING COMPUTER ASSISTED PERSONAL INTERVIEW TECHNOLOGY. THE INTERVIEWER WILL READ THE QUESTIONS ALOUD AND TYPE RESPONSES TO THE QUESTIONS INTO THE LAPTOP COMPUTER. THE INTERVIEW PROGRAM WILL 1) DISPLAY THE CORRECT TENSE OF VERBS, 2) PROVIDE ALTERNATE ANSWERS TO QUESTIONS (E.G., NOT APPLICABLE, I DON'T KNOW), 3) NAVIGATE COMPLEX SKIP PATTERNS, AND 4) PERFORM OTHER USEFUL FUNCTIONS. THE PROGRAMMING SPECIFICATIONS FOR THE INTERVIEW ARE NOT INCLUDED IN THIS PRINTED VERSION OF THE QUESTIONNAIRE.

Student Health Records

1. What is your job title at the school? (In which role do you spend more time?)

- | | |
|---|--|
| 1) Principal | 11) Guidance Counselor |
| 2) Asst. Principal/Other School Administrator | 12) Social Worker |
| 3) School Secretary | 13) Psychologist |
| 4) Physical Ed Teacher | 14) Other Mental Health/Social Services Provider |
| 5) Athletic Director | 15) Nurse |
| 6) Health Ed Teacher | 16) Health Aide |
| 7) Other Teacher | 17) Physician |
| 8) Food Service Manager | 18) Other Health Services Provider |
| 9) Commercial Food Service Provider | 19) SBHC Health Services Staff |
| 10) Other School Food Service Staff | 20) SBHC Mental Health/Social Services Staff |
| | 50) Other Staff |

SHOW CARD 1

The next questions ask about student records.

As I read the items on this card, please tell me if each is obtained by the school and kept in any type of student record.

2. Does the school obtain and keep...

	Yes	No
a. A physical health history?.....	1.....	2.....
b. An emotional or mental health history?.....	1.....	2.....
c. Tuberculosis screening results?	1.....	2.....
d. Other screening records, such as vision or hearing?.....	1.....	2.....
e. Immunization status?	1.....	2.....
f. Medication needs?	1.....	2.....
g. Dietary needs or restrictions?.....	1.....	2.....
h. Severe food or other allergies?	1.....	2.....
i. Physical activity restrictions?	1.....	2.....
j. Asthma action plans?	1.....	2.....
k. Emergency contact information?	1.....	2.....
l. An authorization for emergency treatment?	1.....	2.....
m. Insurance coverage information?.....	1.....	2.....

3. During the past 12 months, has this school requested any student health information, including immunization records, from a health care provider?

Yes1

No.....2 →SKIP TO THE
INTRODUCTION TO Q6

4. During the past 12 months, has any health care provider refused to share student health information, including immunization records, with your school?

Yes1

No.....2 →SKIP TO THE
INTRODUCTION TO Q6

5. Did any health care provider refuse to share this information because a HIPAA (Health Insurance Portability and Accountability Act) authorization had not been obtained from the student's parents?

Yes1

No.....2

Required Immunizations

The next questions are about immunizations.

IF THIS IS A MIDDLE/JUNIOR HIGH OR SENIOR HIGH SCHOOL, SKIP TO THE INSTRUCTIONS BEFORE Q10.

6. Please tell me if each of the following immunizations are required for entry into kindergarten or first grade.

	Yes	No
a. A measles-containing vaccine, such as MMR	1.....	2.....
b. A polio vaccine, such as IPV	1.....	2.....
c. A diphtheria vaccine	1.....	2.....
d. A tetanus vaccine	1.....	2.....
e. A haemophilus influenzae type b or Hib vaccine	1.....	2.....
f. An influenza vaccine.....	1.....	2.....
g. A hepatitis B vaccine	1.....	2.....
h. A chicken pox or varicella vaccine	1.....	2.....

Please choose the one statement that best describes your school's policies related to whether students are excluded from attending classes if they have not received the required immunizations for entry into kindergarten or first grade. Please do not include students who are exempt from immunization requirements for medical, religious, or philosophical reasons.

7. Based on policies adopted by your school, are students who have not received the required immunizations for entry into kindergarten or first grade...

Immediately excluded from attending class,1 →SKIP TO Q9

Allowed to attend class indefinitely, or2 →SKIP TO Q9

Are they allowed to attend class for a
specified number of days and then
excluded?3

8. How many days can students who have not received the required school-entry immunizations attend class?

_____ Days

The next questions ask about your school's policies regarding TB testing.

9. Which of the following three statements best describes your school's requirements for tuberculosis or TB testing for students prior to entry into kindergarten or first grade?

TB testing is required prior to school entry for
all students,1

TB testing is required prior to school entry
only for students meeting certain criteria,
for example those born or recently living
in other countries, or2

TB testing is not required prior to school entry
for any students?3

ANSWER Q10 FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY.
OTHERWISE, SKIP TO THE INTRODUCTION TO Q11.

10. Please tell me if each of the following immunizations are required for entry into this school.

	Yes	No
a. A second measles-containing vaccine	1.....	2.....
b. A hepatitis A vaccine	1.....	2.....
c. A hepatitis B vaccine	1.....	2.....
d. A chicken pox or varicella vaccine	1.....	2.....
e. A tetanus booster.....	1.....	2.....

Tuberculosis Testing

IF THIS IS AN ELEMENTARY SCHOOL SKIP INTRODUCTION AND CONTINUE TO Q11.

Now I'd like to ask about your school's policy regarding tuberculosis or TB testing.

11. Which of the following three statements best describes your school's requirements for routine TB testing after school entry? Please do not include TB testing that might be done during a school outbreak.

Periodic TB testing is required for all students,.....1

Periodic TB testing is required only for
students meeting certain criteria, for
example those born or recently living in
other countries, or2

Periodic TB testing is not required for any
students?.....3

IF Q9 IS 3 AND Q11 IS 3, SKIP TO THE INTRODUCTION TO Q14.

IF Q11 IS 3 AND Q9 IS 1 OR 2, SKIP TO Q13. OTHERWISE, CONTINUE TO Q12.

12. Which of the following three statements best describes your school's requirements for how often (these) students are tested? Again, please do not include TB testing that might be done during a school outbreak.

(These) students are tested in one particular
grade,.....1

(These) students are tested in more than one
grade, but not every year,.....2

Or, (these) students are tested every year?.....3

13. What method does your school use when initially screening students for TB?

PPD skin test done by Mantoux method,.....1

Other skin test,2

Chest x-ray, or.....3

Some other method?4

Procedures for Student Medication

Now I'd like to ask you a few questions about your school's policies regarding medication administration to students at school.

14. Who is allowed to administer medications to students?

MARK ALL THAT APPLY

- School nurse.....1
School physician.....2
School health aide.....3
Teachers.....4
Other school staff, such as principals or
secretaries.....5
No teachers or staff are allowed to administer
medications.....6 →SKIP TO Q17

IF Q14 IS 3, 4, OR 5 CONTINUE. OTHERWISE, SKIP TO Q16.

15. When someone other than a school nurse or school physician administers medications to students, is the administration delegated by the school nurse or school physician?

- Yes.....1
No.....2

SHOW CARD 2

16. Looking at this card, please tell me what documentation is required before school nurses, teachers, or any other school staff may administer medications to a student.
MARK ALL THAT APPLY

- Written instructions from the physician or
prescriber.....1
Written request from the parent or guardian.....2
Written information on possible side-effects.....3
None of these.....4

17. At this school, would a student ever be permitted to carry and self-administer...

	Yes	No
a. A prescription quick-relief inhaler?	1.....	2.....
b. An epinephrine auto-injector, such as an EpiPen®?.....	1.....	2.....
c. Insulin or other injected medications?	1.....	2.....
d. Any other prescribed medications?.....	1.....	2.....
e. Any over-the-counter medications?.....	1.....	2.....

Approach to Students or Staff with HIV or AIDS

My next questions are about students and staff who have human immunodeficiency virus or HIV infection or acquired immunodeficiency syndrome or AIDS.

18. Has this school adopted a policy on students who have HIV infection or AIDS?

Yes1
No.....2 →SKIP TO Q20

19. Does the policy state that students who have HIV infection or AIDS be allowed to...

	Yes	No
a. Attend classes like other students as long as they are able?	1	2
b. Participate in school sports like other students as long as they are able?	1	2
c. Participate in any other school activities as long as they are able?	1	2

20. Has this school adopted a policy on teachers and staff who have HIV infection or AIDS?

Yes1
No.....2 →SKIP TO THE
INTRODUCTION TO Q22

21. Does the policy state that teachers and staff who have HIV infection or AIDS be allowed to continue working as long as they are able?

Yes1
No.....2

Medicaid

The next question asks about whether your school serves as a Medicaid provider by providing health services to students. By health services, I mean services such as nursing procedures, or occupational, physical, or speech therapy.

22. Does your school serve as a Medicaid provider by providing health services to students?

Yes1

No.....2

Sample Copy-Do Not Complete

School-based Health Centers

The next question asks about school-based health centers. By school-based health center, I mean a health center on school property where enrolled students can receive primary care, including diagnostic and treatment services. These services are usually provided by a nurse practitioner or physician's assistant. Please do not include a traveling or mobile health center.

23. Is there a school-based health center at this school?

Yes1

No.....2

Promotion

The next question asks about promotion of standard health services that might occur at your school. By standard, I mean services offered when needed, to all students in the school.

24. During the past 12 months, has this school...

	Yes	No
a. Met with a parents' organization, such as the PTA, to discuss standard school health services?.....	1.....	2.....
b. Provided families with information on standard school health services?	1.....	2.....
c. Invited family members to tour the standard school health services facilities?	1.....	2.....
d. Collected suggestions from students about school health services?	1.....	2.....

Screening

The next questions ask about student health screenings that might be conducted at this school. Please think about screenings done in any grade while a student attends this school.

25. Are most students from the designated grade or grades screened at the school for...

	Yes	No
a. Hearing problems?	1.....	2.....
b. Vision problems?	1.....	2.....
c. Oral health problems?	1.....	2.....
d. Height and weight or body mass?	1.....	2.....
e. Scoliosis?	1.....	2.....

IF THIS SCHOOL DOES NOT CONDUCT ANY HEALTH SCREENINGS FOR THE ABOVE LISTED ITEMS (Q25A-E ARE “NO”), SKIP TO THE INTRODUCTION TO Q27.

SHOW CARD 3

26. Looking at this card, please tell me what the school does when a student’s screening for [Q25A-E] indicates a potential problem.
MARK ALL THAT APPLY

Notify the student’s parents or guardians	1
Notify the student’s teachers	2
None of the above	3

School Nurse Staffing and Collaboration

Now I'd like to ask about school nurses. By school nurse, I mean any nurse, whether employed by the school, district, or health department, who provides any standard health services to students at this school. By standard, I mean services offered, when needed, to all students in the school. Please include both contracted providers and regular school staff.

27. Is there a school nurse who provides standard health services to students at this school?

Yes1

No.....2 →SKIP TO THE
INTRODUCTION TO Q38

28. How many RNs provide standard health services to students at this school?

_____ RNs

IF Q28 IS 0 , SKIP TO Q30.

29. I would like to find out about the time each RN spends at this school. During the past 30 days, how many hours per week on average has/have the RN(s) spent at this school?

RN 1 _____ Hours/week

RN 2 _____ Hours/week

RN 3 _____ Hours/week

RN 4 _____ Hours/week

30. Now I would like to know how many LPNs provide standard health services at this school?

_____ LPNs

IF Q30 IS 0, SKIP TO THE INTRODUCTION TO Q32.

31. I would like to find out about the time each LPN spends at this school. During the past days, how many hours per week on average has/have the LPN(s) spent at this school?

LPN 1 _____ Hours/week

LPN 2 _____ Hours/week

LPN 3 _____ Hours/week

LPN 4 _____ Hours/week

In the following questions, a school nurse can be either an LPN or an RN.

32. Does the school nurse participate in the development of Individualized Education Programs, or IEPs, when indicated?

Yes1

No.....2

33. Does the school nurse participate in the development of Individualized Health Plans, or IHPs?

Yes1

No.....2

34. Does the school nurse participate in the development of 504 plans, when indicated?

Yes1

No.....2

The next question asks about health education provided by the school nurse that is part of a class or course. I will ask about health education provided to students outside of the classroom later in the questionnaire.

35. During the past 12 months, has the school nurse talked to or taught...

Yes

No

ANSWER A-C FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO THE INSTRUCTION BEFORE Q35D.

a. A health education class at this school?.....1.....2

b. A physical education class?1.....2

c. A biology or other science class?.....1.....2

ANSWER D-E FOR ELEMENTARY SCHOOL ONLY. OTHERWISE, SKIP TO Q36.

d. Students at this school as part of a health education lesson or unit?1.....2

e. Students at this school as part of a physical education unit or class?.....1.....2

36a. During the past 12 months, has the school nurse worked on standard school health services activities with health education staff from this school?

Yes1
 No.....2
 School does not have health
 education staff.....3

36b. What about with physical education staff?

Yes1
 No.....2
 School does not have physical
 education staff.....3

36c. What about with nutrition or food service staff?

Yes1
 No.....2
 School does not have nutrition or
 food service staff.....3

36d. What about with mental health or social services staff?

Yes1
 No.....2
 School does not have mental health
 or social services staff.....3

37. During the past 12 months, has the school nurse worked on standard school health services activities for students with staff or members from...

	Yes	No	N/A
a. A local health department?	1	2	3
b. A local hospital?	1	2	3
c. A local mental health or social services agency?.....	1	2	3
d. A local child welfare agency?.....	1	2	3
e. A health organization, such as the American Heart Association or the American Red Cross?	1	2	3
f. A local service club, such as the Rotary Club?...1.....	1	2	3
g. A local college or university?	1	2	3
h. A local business?.....	1	2	

Educational Requirements

The next questions ask about the educational background of health services staff at your school.

38. At this school, what is the minimum level of education required for a newly hired school nurse?

Associate's degree in nursing	1	
Associate's degree in any field	2	
Undergraduate degree in nursing	3	
Undergraduate degree in any field	4	
Graduate degree in nursing	5	
Graduate degree in any field	6	
No requirement	7	
School does not have school nurses	8	→ SKIP TO THE INTRODUCTION TO Q42

39. Is a newly hired school nurse required to have...

	Yes	No
a. A licensed practical nurse's (LPN's) license?	1.....	2.....
b. A registered nurse's (RN's) license?	1.....	2.....

40. Is a newly hired school nurse required to have...

	Yes	No	N/A
a. A national school nurse certification from the National Board for Certification of School Nurses?	1.....	2.....	
b. State school nurse certification?	1.....	2.....	3.....

41. Is a newly hired school nurse required to earn continuing education credits on health services topics?

Yes	1
No	2

Other Health Services Staffing and Collaboration

Now I'd like to ask about school physicians.

42. Is there a school physician who provides standard health services to students at this school?

Yes1

No.....2

43. Is there a school physician who can be called to consult as needed during the school day?

Yes1

No.....2

IF THERE IS NOT A PART-TIME OR FULL-TIME SCHOOL PHYSICIAN (Q42 IS "NO"),
SKIP TO THE INTRODUCTION TO Q46.

44. How many school physicians provide standard health services to students at this school?

_____ Physicians

IF Q44 IS 0, SKIP TO THE INTRODUCTION TO Q46.

45. I would like to find out about the time that each physician spends at this school. During the past 30 days, how many hours per week on average has the physician spent at this school?

Physician 1 _____ Hours/week

Physician 2 _____ Hours/week

Physician 3 _____ Hours/week

Physician 4 _____ Hours/week

The next questions ask about school health aides.

46. Are there school health aides who help provide standard health services to students at this school?

Yes1

No.....2

→SKIP TO THE
INTRODUCTION TO Q50

Other Health Services Staffing and Collaboration

47. Are school health aides at this school required to work under the supervision of an RN or physician at all times?

Yes1

No.....2

48. How many school health aides provide standard health services to students at this school?

_____ School health aides

IF Q48 IS 0, SKIP TO THE INTRODUCTION TO Q50.

49. I would like to find out about the time each school health aide spends at this school. During the past 30 days, how many hours per week on average has/have the school health aide(s) spent at this school?

School health aide 1 ____ Hours/week

School health aide 2 ____ Hours/week

School health aide 3 ____ Hours/week

School health aide 4 ____ Hours/week

IF Q1 IS 15 OR Q27 IS 1 THEN SKIP TO THE INTRODUCTION TO Q52.

Now I'd like to ask you a few questions about collaboration on health services activities with other school-level staff and outside organizations.

- 50a. During the past 12 months, have any health services staff, including school nurses, physicians, and health aides, worked on standard school health services activities with health education staff from this school?

Yes1

No.....2

School does not have health
education staff.....3

- 50b. What about with physical education staff?

Yes1

No.....2

School does not have physical
education staff.....3

Other Health Services Staffing and Collaboration

50c. What about with nutrition or food service staff?

Yes1
 No.....2
 School does not have nutrition or
 food service staff.....3

50d. What about with mental health or social services staff?

Yes1
 No.....2
 School does not have mental health
 or social services staff.....3

51. During the past 12 months, has any health services staff worked on standard school health services activities for students with staff or members from...

	Yes	No	N/A
a. A local health department?	1	2	3
b. A local hospital?	1	2	3
c. A local mental health or social services agency?	1	2	3
d. A local child welfare agency?	1	2	3
e. A health organization, such as the American Heart Association or the American Red Cross?	1	2	3
f. A local service club, such as the Rotary Club?	1	2	3
g. A local college or university?	1	2	3
h. A local business?	1	2	

Facilities and Equipment

The next question is about the health services facilities and equipment that are available at your school. I am going to read a list of facilities and equipment that may be available for health services staff in this school to use.

52. Does this school have...

	Yes	No
a. A sick room, nurse's office, or other area reserved for providing standard health services?	1.....	2.....
b. An answering machine or voice mail reserved for health services staff?	1.....	2.....
c. A refrigerator reserved for standard health services?	1.....	2.....
d. A medical supply cabinet with a lock?	1.....	2.....
e. A separate medicine cabinet with a lock?	1.....	2.....
f. A scale?	1.....	2.....
g. A portable first aid kit?	1.....	2.....
h. A sharps container?	1.....	2.....
i. A stethoscope?	1.....	2.....
j. An audiometer?	1.....	2.....
k. A vision tester, eye chart, cards, or anything else to measure vision?	1.....	2.....
l. A stadiometer, measuring tape, wall chart, or anything else to measure height?	1.....	2.....
m. A blood pressure gauge and cuff?	1.....	2.....
n. A pen light?	1.....	2.....
o. An otoscope or ophthalmoscope?	1.....	2.....
p. A peak-flow meter, not just for a specific student's use?	1.....	2.....
q. A scoliometer?	1.....	2.....
r. A glucose meter, not just for a specific student's use?	1.....	2.....
s. A tympanometer?	1.....	2.....
t. A nebulizer, not just for a specific student's use?	1.....	2.....
u. An albuterol inhaler, not just for a specific student's use?	1.....	2.....
v. A self-inflating resuscitating device such as an ambu bag?	1.....	2.....
w. A c-spine immobilizer or neck brace?	1.....	2.....
x. An epinephrine auto-injector such as an EpiPen [®] , not just for a specific student's use?	1.....	2.....
y. Suction equipment, not necessarily electric?	1.....	2.....
z. Oxygen, not just for a specific student's use?	1.....	2.....
aa. A pulse oximeter?	1.....	2.....
bb. An automatic external defibrillator?	1.....	2.....

Standard Precautions

53. Are the supplies needed to apply standard precautions, including disposable gloves and bandages, available...

	Yes	No
a. In all classrooms?.....	1.....	2.....
b. In the gymnasium, on playgrounds, or on playing fields?	1.....	2.....
c. On school buses or in other vehicles used to transport students?.....	1.....	2.....

Injury Reports

The next questions ask about your school's policy regarding students who are seriously injured on school property. By "seriously injured," I mean an injury requiring emergency medical services or EMS response or immediate care by a physician or other health care professional.

54. Has your school adopted a policy stating that a school staff member will complete a report after a student is seriously injured on school property?

Yes1
No.....2 →SKIP TO Q58

55. Does this school have a standard student injury report form?

Yes1
No.....2 →SKIP TO Q58

SHOW CARD 4

56. Looking at this card, please tell me what information is recorded on student injury reports.

MARK ALL THAT APPLY

Location where injury occurred such as a
playground, a field, a hallway, or a
stairway1

Activity during which injury occurred such as
baseball, sitting, or throwing.....2

Nature of injury such as a bruise or burn3

School staff who were present when the injury
occurred.....4

Cause of injury such as a fall, equipment, or
another student5

Response of school staff to the injury such as
an EMS call or treatment provided by
school staff6

Immediate outcome of injury such as
hospitalization or school days missed by
student7

57. During the past 12 months, has this school reviewed student injury reports to identify hazardous school areas or activities or ways to prevent injuries?

Yes1
No.....2

Illness Reports

58. Does this school report notifiable diseases among students to the state or local health department?

Yes1
No.....2

The next question asks about students who experience a serious illness at school. By “serious illness,” I mean one requiring EMS response, or immediate care by a physician or other health care professional.

59. After a student experiences a serious illness at school, does a school staff member complete an illness report?

Yes1
No.....2 →SKIP TO THE
INTRODUCTION TO Q61

60. During the past 12 months, has this school reviewed student illness reports to identify ways to prevent further occurrences of serious illness?

Yes1
No.....2

Health Services Provision

The next questions ask about services that may be provided to students when needed.

SHOW CARD 5

61. As I read the list of services printed on this card, please tell me if each is provided when needed to students as part of standard health services at this school. Does your school provide...

	Yes	No
a. First aid?.....	1.....	2.....
b. CPR (Cardiopulmonary resuscitation)?.....	1.....	2.....
c. Administration of medications?.....	1.....	2.....
d. Immunizations?.....	1.....	2.....
e. Identification or school-based management of acute illnesses?	1.....	2.....
f. Identification or school-based management of chronic health conditions, such as asthma or diabetes?	1.....	2.....
g. Tracking of students with chronic health conditions?	1.....	2.....
h. Case management for students with chronic health conditions, such as asthma or diabetes?.....	1.....	2.....
i. Case management for students with disabilities?	1.....	2.....
j. Administration of sports physicals?.....	1.....	2.....
k. Identification of or referrals for oral health problems?.....	1.....	2.....
l. Administration of fluoride rinses?	1.....	2.....
m. Application of dental sealants?.....	1.....	2.....

ANSWER N AND O FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO Q62.

n. Prenatal care referrals?.....	1.....	2.....
o. Identification or treatment of STDs (sexually transmitted diseases)?	1.....	2.....

IF Q61A-O ARE ALL “NO” SKIP TO THE INTRODUCTION TO Q63.

62. Who provides [the services listed in Q61a-o]?
MARK ALL THAT APPLY

School nurse.....	1
School physician	2
School health aide	3
Other	4

IF THIS IS AN ELEMENTARY SCHOOL, SKIP TO THE INTRODUCTION TO Q64.

63. Does this school make condoms available to any students?

Yes1
No.....2

ANSWER Q64 IF IMMUNIZATIONS ARE PROVIDED AT THIS SCHOOL (Q61D IS YES). OTHERWISE, SKIP TO THE INTRODUCTION TO Q65.

SHOW CARD 6

As I read the list of immunizations on this card, please tell me if each is provided when needed to students as part of standard health services at this school.

64. Does your school provide...

	Yes	No
a. A measles-containing vaccine, such as MMR?	1.....	2.....
b. A polio vaccine, such as IPV?	1.....	2.....
c. A diphtheria vaccine?	1.....	2.....
d. A tetanus vaccine?	1.....	2.....
e. A haemophilus influenzae type b or Hib vaccine?	1.....	2.....
f. An influenza vaccine?	1.....	2.....
g. A hepatitis A vaccine?	1.....	2.....
h. A hepatitis B vaccine?	1.....	2.....
i. A chicken pox or varicella vaccine?	1.....	2.....

The next questions are about medically fragile students who are dependent on nursing services or special technologies to enhance or sustain their lives.

65. Currently, how many medically fragile students are enrolled at this school?

_____ Medically fragile students

IF THERE ARE NO MEDICALLY FRAGILE STUDENTS AT THIS SCHOOL (Q65 IS ZERO), SKIP TO Q68.

66. During the past 12 months, which of the following health services were provided when needed to these medically fragile students as part of standard health services at this school?

	Yes	No	N/A
a. Catheterizations.....	1.....	2.....	3.....
b. Stoma care.....	1.....	2.....	3.....
c. Tube feedings.....	1.....	2.....	3.....
d. Respirator care	1.....	2.....	3.....
e. Suctioning	1.....	2.....	3.....
f. Tracheostomy care	1.....	2.....	3.....
g. IV medications	1.....	2.....	3.....

IF ANY Q66A-Q66G IS “YES”, ASK Q67. OTHERWISE, SKIP TO Q68.

67. During the past 12 months, who provided these health services to students at this school?
MARK ALL THAT APPLY

School nurse.....	1.....
School physician	2.....
School health aide	3.....
Other	4.....

68. At this school, are health services staff required to follow “Do Not Resuscitate,” or DNR orders?

Yes	1.....
No.....	2.....

69. During the past 12 months, has this school reviewed health services records to identify students with chronic problems or possible outbreaks at school?

Yes	1.....
No.....	2.....
School does not keep health services records	3.....

Other Services

The next questions ask about other ways that health services staff might help students. As I ask these questions, please think about the activities of health services staff such as school nurses, physicians, and health aides, or others who provide standard health services at this school. Do not include activities of teachers in the classroom or activities of psychologists, social workers, or counselors. I'll find out about their activities during a different interview.

70. Do any health services staff provide the following services to students at the school in one-on-one or small-group sessions?

	Yes	No
a. Nutrition and dietary behavior counseling.....	1.....	2.....
b. Physical activity and fitness counseling	1.....	2.....

ANSWER C-E FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY.
OTHERWISE, SKIP TO Q70F.

c. Pregnancy prevention.....	1.....	2.....
d. HIV prevention	1.....	2.....
e. STD prevention.....	1.....	2.....
f. Suicide prevention	1.....	2.....
g. Tobacco use prevention	1.....	2.....
h. Alcohol or other drug use prevention.....	1.....	2.....
i. Violence prevention, for example bullying, fighting, or homicide.....	1.....	2.....
j. Injury prevention and safety counseling	1.....	2.....

IF Q70A-Q70J ARE ALL "NO", SKIP TO Q72. OTHERWISE, CONTINUE TO Q71.

71. Who provides [the services listed in Q70a-j] in one-on-one or small-group sessions?
MARK ALL THAT APPLY

School nurse.....	1
School physician	2
School health aide	3
Other	4

SHOW CARD 7

As I read the list of services printed on this card, please tell me if each is provided when needed by health services staff to students at the school.

72. Do health services staff provide...

Yes No

- a. Instruction on self-management of chronic health conditions, such as asthma or diabetes?.....1.....2

ANSWER B AND C FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO D.

- b. Tobacco use cessation?.....1.....2
 c. Alcohol or other drug use treatment?.....1.....2
 d. Crisis intervention for personal problems?.....1.....2
 e. Identification of emotional or behavioral disorders, such as anxiety, depression, or ADHD?.....1.....2
 f. Counseling for emotional or behavioral disorders, such as anxiety, depression, or ADHD?.....1.....2
 g. Stress management?.....1.....2
 h. Weight management?.....1.....2

ANSWER I FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO J.

- i. Eating disorders treatment?.....1.....2
 j. Identification of or referral for physical, sexual, or emotional abuse?.....1.....2

ANSWER K FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO L.

- k. HIV counseling, testing, and referral?.....1.....2
 l. Referrals for after-school programs such as day-care or supervised recreation?.....1.....2

ANSWER M-O FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY. OTHERWISE, SKIP TO THE INSTRUCTIONS BEFORE Q73.

- m. Services for gay, lesbian, or bisexual students?.....1.....2
 n. Referrals for child care for teen mothers?.....1.....2
 o. Assistance with enrolling in WIC or accessing food stamps or food banks?.....1.....2

IF Q72A-O ARE ALL “NO”, SKIP TO THE INTRODUCTION TO Q74. OTHERWISE, CONTINUE TO Q73.

73. Who provides [the services listed in Q72a-n]?

MARK ALL THAT APPLY

School nurse.....	1
School physician	2
School health aide	3
Other	4

Service at Other Sites

This next set of questions asks about health services delivered to students from this school at other sites not on school property, regardless of whether the services are paid for by the school system. These services may be provided by health care professionals who work at school-linked health centers or who have a contract, memorandum of agreement, or other similar arrangement with the district or school to provide health services to students.

74. Currently, do any organizations or health care professionals have a contract, memorandum of agreement, or other similar arrangement to provide health services to students from this school?

Yes1

No.....2 →SKIP TO Q77

SHOW CARD 8

75. Which of the organizations or health care professionals listed on this card have arrangements to provide health services when needed to students from this school?
MARK ALL THAT APPLY

A school-linked health center1

A community health clinic.....2

A local health department3

A local hospital4

A local mental health or social services

agency5

A university or medical school6

A managed care organization.....7

A private physician9

A private dentist.....10

SHOW CARD 9

As I read the list of services printed on this card, please tell me if there are arrangements with any organizations or health care professionals to provide these services when needed to students from this school.

76. Are there arrangements to provide...

	Yes	No
a. Primary care?	1.....	2.....
b. Prescriptions for medications?	1.....	2.....
c. Immunizations?	1.....	2.....
d. Identification or school-based management of acute illnesses?	1.....	2.....
e. Identification or school-based management of chronic health conditions, such as asthma or diabetes?	1.....	2.....
f. Case management for students with chronic health conditions, such as asthma or diabetes?	1.....	2.....
g. Case management for students with disabilities?	1.....	2.....
h. Administration of sports physicals?	1.....	2.....
i. Oral health care or oral health care referrals?	1.....	2.....
j. Administration of fluoride rinses?	1.....	2.....
k. Application of dental sealants?	1.....	2.....
l. Lab tests?	1.....	2.....

ANSWER M-N FOR MIDDLE/JUNIOR HIGH AND SENIOR HIGH SCHOOL ONLY.
OTHERWISE, SKIP TO Q77.

m. Prenatal care or prenatal care referrals?	1.....	2.....
n. Identification or treatment of STDs?	1.....	2.....

Health Services Coordinator

77. Currently, does someone at this school oversee or coordinate standard health services?

Yes1
No.....2 →SKIP TO Q95

78. Are you this person?

Yes1
No.....2 →SKIP TO Q95

IF Q1 IS 15, CONTINUE. OTHERWISE, SKIP TO Q80.

79. Counting this year as a full year and including years as a school nurse at any other schools, how many years have you been a school nurse?

_____ Years

SHOW CARD 10

80. Looking at this card, please tell me who you work for.
MARK ALL THAT APPLY

School district1
This school2
School-based health center3
A local health department4
A local hospital5
A local mental health or social services
agency6
A university or medical school7
A managed care organization.....8
Other9

Now I'd like to ask a few questions about your educational background.

81. What is the highest grade or year of education you have completed?

- Less than high school.....1 →SKIP TO THE
INTRODUCTION TO Q89
- High school or GED.....2 →SKIP TO THE
INTRODUCTION TO Q89
- Associate's degree3
- Undergraduate degree4
- Master's degree5
- Doctoral degree6

82. What did you major in?
MARK ALL THAT APPLY

- Nursing.....1
- Public health.....2
- Biology or other science3
- Health care administration or business4
- Counseling, psychology, or social work5
- Education6
- Other7

IF Q81 IS 3, SKIP TO Q86.

83. Did you have an undergraduate minor?

- Yes1
- No.....2 →SKIP TO THE INSTUCTIONS
BEFORE Q85

84. What did you minor in?
MARK ALL THAT APPLY

- Nursing.....1
- Public health.....2
- Biology or other science3
- Health care administration or business4
- Counseling, psychology, or social work5
- Education6
- Other7

IF Q81 IS 5 OR 6, ANSWER Q85. OTHERWISE, SKIP TO Q86.

85. In what area or areas was your graduate work?
MARK ALL THAT APPLY

Nursing.....1
Public health.....2
Biology or other science3
Health care administration or business4
Counseling, psychology, or social work5
Education6
Other7

86. Do you have...

Yes No

a. An LPN's license?1.....2
b. An RN's license?1.....2
c. A CNP's license?1.....2
d. A physician's (MD's or DO's) license?.....1.....2

87. Do you have...

Yes No N/A

a. A national school nurse certification from
the National Board for Certification of
School Nurses?.....1.....2
b. A state school nurse certification?1.....2.....3

88. Are you required to earn continuing education credits on health services topics?

Yes1
No.....2

The next questions ask about staff development.

SHOW CARD 11

As I read the list of topics on this card, please tell me if you received any staff development on each topic during the past two years. This might include workshops, conferences, continuing education, graduate courses, or any other kind of in-service.

89. During the past two years, have you received any staff development on...

	Yes	No
a. First aid?.....	1.....	2.....
b. CPR?	1.....	2.....
c. Administration of medications?.....	1.....	2.....
d. Immunizations?.....	1.....	2.....
e. Identification or school-based management of acute illnesses?	1.....	2.....
f. Identification or school-based management of chronic health conditions, such as asthma or diabetes?.....	1.....	2.....
g. Tracking students with chronic health conditions?.....	1.....	2.....
h. Case management for students with chronic health conditions, such as asthma or diabetes?.....	1.....	2.....
i. Case management for students with disabilities?	1.....	2.....
j. Sports physicals?.....	1.....	2.....
k. Oral health problems?	1.....	2.....
l. Administration of fluoride rinses?	1.....	2.....
m. Application of dental sealants?	1.....	2.....
n. Prenatal care?	1.....	2.....
o. Identification or treatment of STDs?	1.....	2.....
p. Infectious disease prevention, such as hand hygiene or food safety?.....	1.....	2.....

SHOW CARD 12

90. Which of these topics would you like to receive further staff development on?
 MARK ALL THAT APPLY

First aid	1
CPR	2
Administration of medications.....	3
Immunizations.....	4
Identification or school-based management of acute illnesses.....	5
Identification or school-based management of chronic health conditions, such as asthma or diabetes	6
Tracking students with chronic health conditions.....	7
Case management for students with chronic health conditions, such as asthma or diabetes	8
Case management for students with disabilities	9
Sports physicals	10
Oral health problems.....	11
Administration of fluoride rinses.....	12
Application of dental sealants.....	13
Prenatal care.....	14
Identification or treatment of STDs	15
Infectious disease prevention, such as hand hygiene or food safety.....	16
None of these	17

SHOW CARD 13

As I read the list of topics on this card, please tell me if you received any staff development on each topic during the past two years. This might include workshops, conferences, continuing education, graduate courses, or any other kind of in-service.

91. During the past two years, have you received any staff development on...

	Yes	No
a. Nutrition and dietary behavior counseling?.....	1	2
b. Physical activity and fitness counseling?.....	1	2
c. Pregnancy prevention?.....	1	2
d. HIV prevention?.....	1	2
e. STD prevention?.....	1	2
f. Suicide prevention?.....	1	2
g. Tobacco use prevention?.....	1	2
h. Alcohol or other drug use prevention?.....	1	2
i. Violence prevention, for example bullying, fighting, or homicide?.....	1	2
j. Injury prevention and safety counseling?.....	1	2

92. Which of these topics would you like to receive further staff development on?
MARK ALL THAT APPLY

Nutrition and dietary behavior counseling.....	1
Physical activity and fitness counseling	2
Pregnancy prevention.....	3
HIV prevention	4
STD prevention.....	5
Suicide prevention	6
Tobacco use prevention	7
Alcohol or other drug use prevention	8
Violence prevention, for example bullying, fighting, or homicide.....	9
Injury prevention and safety counseling	10
None of these	11

SHOW CARD 14

As I read the list of topics on this card, please tell me if you received any staff development on each topic during the past two years. This might include workshops, conferences, continuing education, graduate courses, or any other kind of in-service.

93. During the past two years, have you received any staff development on...

	Yes	No
a. Teaching self-management of chronic health conditions, such as asthma or diabetes?	1	2
b. Tobacco use cessation?	1	2
c. Alcohol or other drug use treatment?	1	2
d. Crisis intervention for personal problems?	1	2
e. Emergency preparedness?	1	2
f. Identification of emotional or behavioral disorders, such as anxiety, depression, or ADHD?	1	2
g. Counseling for emotional or behavioral disorders, such as anxiety, depression, or ADHD?	1	2
h. Stress management?	1	2
i. Weight management?	1	2
j. Eating disorders treatment?	1	2
k. HIV counseling, testing, and referral?	1	2
l. Identification of or referral for physical, sexual, or emotional abuse?	1	2
m. After-school programs such as day care or supervised recreation?	1	2
n. Services for gay, lesbian, or bisexual students?	1	2
o. Child care options for teen mothers?	1	2
p. Enrolling in WIC or accessing food stamps or food banks?	1	2
q. Enrolling in Medicaid or SCHIP ?	1	2
r. Foodborne illness outbreak detection and response?	1	2
s. Assistance with accessing benefits for students with disabilities?	1	2
t. Federal laws that protect the privacy of student health information, for example HIPAA or FERPA?	1	2

94. Which of these topics would you like to receive further staff development on?
MARK ALL THAT APPLY

Teaching self-management of chronic health conditions, such as asthma or diabetes	1
Tobacco use cessation.....	2
Alcohol or other drug use treatment	3
Crisis intervention for personal problems.....	4
Emergency preparedness	5
Identification of emotional or behavioral disorders, such as anxiety, depression, or ADHD	6
Counseling for emotional or behavioral disorders, such as anxiety, depression, or ADHD	7
Stress management.....	8
Weight management	9
Eating disorders treatment	10
HIV counseling, testing, and referral.....	11
Identification of or referral for physical, sexual, or emotional abuse.....	12
After-school programs such as day care or supervised recreation	13
Services for gay, lesbian, or bisexual students	14
Child care options for teen mothers	15
Enrolling in WIC or accessing food stamps or food banks.....	16
Enrolling in Medicaid or SCHIP.....	17
Foodborne illness outbreak detection and response.....	18
Assistance with accessing benefits for students with disabilities	19
Federal laws that protect the privacy of student health information, for example HIPAA or FERPA.....	20
None of these	21

95. My supervisor may wish to call you to ask about how I conducted this interview. Would you please tell me a telephone number where we might reach you starting with the area code?

() -

- 1) Daytime or
- 2) Evening/Weekend

Thank you very much for taking the time to complete this interview.

Sample Copy-Do Not Complete